



Qualified Mental Retardation Professional Designee Training Registration

State Form 6978 (R7 / 9-98)

Form approved by State Board of Accounts, 1998

Indiana Protection & Advocacy Services

4701 N. Keystone Ave., Suite 222

Indianapolis, Indiana 46205

INSTRUCTIONS:

1. Please type or print legibly in ink.
2. All areas must be completed for registration.
3. Return to IPAS with payment.

Registration fee is \$250.00 per person. Please make all checks and money orders payable to Indiana Protection and Advocacy Services. **(SORRY, BUT NO PERSONAL CHECKS ACCEPTED. NO TELEPHONE REGISTRATIONS OR RESERVATIONS WILL BE HONORED.)** Registration is conducted on a first paid registration is first registered basis; once the class is filled, registration for the next class will begin. Registration forms accompanied by registration fee must be in our office **seven (7)** days prior to the training session, provided that space is available. No refunds. If a conflict arises, registrants may make arrangements to send a substitute or may reschedule.

Name of registrant (last, first)		
Mailing address (facility, if any)		
Street address for mailing		
City	State	Zip code
Daytime telephone, with area code		Fax number with area code
Date(s) of class(es) for registration		Amount enclosed

NOTE THIS WARNING AND SIGN

Due to administrative constraints, IPAS cannot make refunds. If scheduling conflicts should arise, registrants may request that all fees be applied to another training held during the next 12 months, after which none of the registration fee may be applied. IPAS must be notified of the trainee's need to reschedule by *3:30 p.m. a full seven calendar days prior to the start of class.* Registrant's signature indicates they have read this warning and understand the restrictions concerning no refunds and the cancellation penalties. Failure to sign will result in the return of registrant's check and they will not be registered for a class.

Signature for notice and warning

Do you wish to have your registration fee returned should the class be filled?

YES, please return my registration fee.

Signature for YES

NO, please sign me up for the next class.

Signature for NO

DO NOT WRITE BELOW, FOR OFFICE USE ONLY

Check number:

Date check returned and by whom:

Receipt and entered by whom:

Date confirmation sent and by whom: